



MUMBAI

# American Center Bulletin

## WOMEN AND HIV/AIDS

Around the world, women now make up more than half of all people living with HIV, the human immunodeficiency virus, and AIDS, acquired immunodeficiency syndrome. In the U.S., more than 25 percent of new infections are in women. Women of color are especially impacted by the disease. HIV/AIDS is the leading cause of death for African American women aged 25 to 34.

Women are mothers, caretakers, spouses, employees, friends, and neighbors – often all at once. Living with HIV as a woman often means dealing with the disease while still fulfilling these other roles. And, HIV introduces many new issues for women to manage.

While the impact of this epidemic on women has been devastating, many women with HIV and AIDS are living longer and stronger lives thanks to new treatments. While there is no cure yet, HIV treatment has come a long way since the first reported cases in the early 1980s. Today, there are a number of therapies and medications available. There are also a wide variety of government resources in place to help people cope with HIV.

### Testing Positive

Testing positive for the HIV virus often brings about a range of emotions, such as panic, fear, and anger. But many HIV-positive women find that after some time they can start the process of taking charge and living life to its fullest.

If you have just tested positive for HIV, don't give up hope. There are people who care about you. There are resources available for you to make it easier to live with HIV. You don't have to go through this alone.

- Talk to your doctor, nurse practitioner, or other healthcare provider. Your relationship with your healthcare provider is one of the most important relationships that you will have in fighting this disease
- Find a support group to join. Sharing your experiences with other people living with the disease may help you reduce your anxieties, learn new ways of coping with HIV infection, and connect with people who are facing similar challenges

### Gender-Specific Problems

On average, women – especially young women – are more at risk of getting HIV/AIDS because they have a hard time talking to their male partners about safer sex such as condom use. Many believe that it is the norm for women to have less power in the relationship and rely heavily on their male partners. Thus, women may be less likely to leave an abusive or otherwise harmful relationship if they are dependent on men. And women in this position may feel forced to take part in unsafe sexual practices.

Concerns about high rates of HIV among women have brought new attention to the role of gender in sexual and reproductive behavior.

### Biological and Physical Makeup

Women are more likely to get HIV for several biological reasons:

- There is a more exposed surface area in the female genitals than in the male genitals
- There are higher levels of HIV in semen than in vaginal fluids
- More semen is exchanged during sex than vaginal fluid
- Women often have untreated STDs, which makes them more likely to get HIV

Many HIV-positive women with negative partners worry about giving HIV to their partner(s). While research shows that men give HIV more easily than women give the virus, women can still pass on HIV to uninfected partners – both male and female – through sex. This is because HIV is in the blood (including menstrual blood), vaginal fluids, and in cells in the vaginal and anal walls.

HIV levels in vaginal fluids also increase a lot in the presence of vaginal yeast infections and STDs. Swelling of the vagina, a common symptom of such infections, causes tiny scrapes and cuts on the delicate skin of the vaginal area that can hide HIV. HIV levels can also increase temporarily after getting treatment for some of these conditions. In short, the surest way

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**The American Center**  
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Website: <http://mumbai.usconsulate.gov>  
Office Hours: 8:30 a.m. to 5:00 p.m.  
(Monday through Friday)

**HOLIDAYS**

**December 25: Christmas Day**

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## A WORD FROM THE CENTER

As we observe World AIDS Day, December 1 each year, we commend all those organizations who are dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection. Their leadership has made a huge difference. However, the situation is still dire. Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women and female adolescents. Today, however, in the United States, women account for more than one quarter of all new HIV/AIDS diagnoses. In India, nearly 40 percent of HIV-positive Indians are women.

These are figures that can't be ignored. It's not only the illiterate women, but the so-called educated women who are also not aware of HIV/AIDS. A handful of nongovernmental organizations are spreading HIV awareness amongst women in rural India. Without a massive increase in awareness programs – particularly aimed at women – many believe that India risks an epidemic which could cost millions of lives. We, as individuals, organizations, and countries can make a difference by taking bold and decisive action to prevent new infections and improve the quality of care and treatment for those who are HIV-positive.



**Kristina Dunne**  
**Assistant Cultural Affairs Officer**

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to avoid passing any STDs, including HIV, is to not have sex. There is no way to know when you are more or less likely to give HIV to your partner(s). Exposure to vaginal fluids with high levels of HIV increases the risk of passing the virus. The risk increases even more when your partner has an infection or inflammation. If you do have sex, use a latex condom every time.

### Violence Against Women – Sexual Assault

Violence against women plays a huge role in increasing the risk of HIV infection for women. It is a key reason why women are more likely to get HIV infection than men, particularly during violent or forced-sex situations. The cuts caused through forced penetration allow easy entry of the virus. This is especially true for young girls, whose reproductive tracts are less fully developed.

Fear of violence is a factor in terms of seeking treatment. Women may delay being tested for HIV or fail to return for the results because they are afraid that sharing their HIV-positive status may result in physical violence.

### Barriers to Care

Women infected with HIV may have less access to or lower use of healthcare resources.

This may be due to:

- Fewer financial resources
- Less access to transportation
- Added responsibility of caring for others, especially children

Many experts also believe poverty, unemployment, and lack of education are helping to “drive” the growing HIV problem among women. Women living in inner-city poor neighborhoods are often in poor health and without access to healthcare for prevention or treatment. While high-risk

behavior in these communities directly spreads HIV/AIDS, urban poverty is clearly playing an important role.

Yet, the HIV problem does not only belong to poor neighborhoods in large cities, such as New York and Washington, D.C. It also affects women in more rural neighborhoods in southern states. Researchers in North Carolina found that African American women with HIV infections were more likely to:

- Be unemployed
- Receive public assistance
- Have had 20 or more lifetime sexual partners
- Have a lifetime history of genital herpes infection
- Have used crack or cocaine
- Have traded sex for drugs, money, or shelter

In addition to these challenges, research has highlighted other issues that affect the lifespan of women with HIV. Studies have shown that women with HIV do not live as long as men with HIV, perhaps because women are less likely to be diagnosed early. Early diagnosis of HIV allows women to benefit more from antiretroviral treatments.

Other issues may also play a role in this difference in survival:

- Women with HIV may have less access to or lower use of healthcare resources than men with HIV
- HIV-positive women in abusive relationships may suffer violent reactions from partners
- Women who are homeless have less access to care. Homeless women who are able to get treatment may not be able to stick with care routines because of irregular meals or not having proper places to store medicines
- Some women with HIV may not have people around to provide emotional support or other types of help

### Women and Children

Another way in which the HIV/AIDS epidemic spreads is through childbirth. UNAIDS/WHO say that at the end of 2005 there were an estimated 2.3 million children (under 15 years) living with HIV, most of whom were infected with HIV at birth. A large number of these children will not live to adulthood.

There are drugs which can reduce the chances of a child becoming infected with HIV at birth from about 40 percent to less than two percent, but in many parts of the world these drugs are unavailable. A mother who is HIV+ can pass on the infection to her child through her breast milk, but suitable substitutes for breast milk, and the education to understand their importance and how to use them, are not being supplied to women in many countries. Increasingly, governments are beginning to make an effort to supply the drugs needed to prevent mother-to-child transmission, which is a positive step, but whilst it is very important that the child's life is saved, the mother must not be forgotten. UNAIDS/WHO estimate that there are 15 million AIDS orphans in the world, and a great deal of money, planning and energy is being put into finding the best ways to care for them. The best way to ensure the well-being of children affected by HIV/AIDS is simply to ensure the well-being of their families, something that unfortunately sometimes doesn't receive the prioritization it deserves.

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The focus on preventing HIV transmission to babies is an important and necessary one, but it can lead to a narrowed perspective. It's equally important to help women who don't have children as well as those who do. Often, especially in resource-poor countries, many women live in areas where there is little or no medical infrastructure, and where they come into contact with HIV testing and care services only through antenatal care. This is inadequate, as it excludes women who are not pregnant. There is a clear need for HIV testing to be more inclusive.

### What Needs to Change?

Gender roles around the world pin women into positions where they lack the power to protect themselves from HIV infection and where, if infected, they lack opportunities to receive treatment. Negative assumptions about women's roles and discrimination against them must be challenged and women must be empowered to help and protect themselves.

Protecting women from HIV is not solely women's responsibility. Most HIV+ women were infected by unprotected sex with an infected man. Preventing infection is the responsibility of *both* partners, and men must play an equal role in this. If no HIV+ men had unprotected heterosexual sex, the number of women newly infected with HIV would plummet.

Even in the United States, there is still much more to be done to protect women. There has been criticism that sex education in schools in the U.S. is based on the idea that sexual fidelity until marriage is the best way to prevent STD infection. This won't protect a woman if she is infected by the man she marries, and it leaves her vulnerable and ignorant if she changes her mind, and has sex before marriage. This is why women must be taught about reducing risk by using condoms, and condoms must be easily obtainable for women.

Violence against women, discrimination, gender-based inequalities, prostitution – these are all social issues which undeniably need to be changed, but which might take decades to alter. Women who have HIV need to have access to treatment, and women who don't have the virus need to be able to protect themselves. If, in the short term, it is impossible to empower women to be able to insist on condom use, then efforts must be made to find an alternative solution.

There are plans underway to develop a microbicide – a gel or cream which can be applied vaginally, without a partner even knowing, and which would kill HIV, preventing infection. Tests have been done for a number of years, but medical experts say that even if all goes well, such a gel is still at least five years away.

There are many issues surrounding the development of microbicides. Even if such a product can be shown to be both safe and functional, it will then have to be made palatable to consumers from different countries and cultures. One particular issue is pregnancy. Women in developing countries may want a microbicide that prevents HIV infection but which allows pregnancy to occur, whilst other women may want to be protected against both HIV infection and pregnancy. Given that a number of faith-based organisations espouse anti-contraception views, it seems likely that a microbicide which does not prevent pregnancy will be more easily accepted.

Many women may not think they are at risk for HIV infection. There is still, in some places, a myth that HIV infection is something that happens to other people – to men, to injecting drug users, to people from other ethnic groups. This falsehood needs to be cleared up, and countries around the world need to empower women to be able to protect themselves.

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## NOTES FROM THE AMERICAN LIBRARY

### A Select Webliography on HIV/AIDS and Women

<http://aids.gov/>  
AIDS.gov

<http://www.amfar.org/cgi-bin/iowa/index.html>  
The Foundation for AIDS Research

<http://www.avert.org/women.htm>  
AVERT – Women HIV & AIDS

<http://www.cdc.gov/hiv/topics/women/>  
Centers for Disease Control and Prevention – HIV/AIDS and Women

<http://www.icaso.org/>  
International Council of AIDS Service Organizations

<http://www.ilo.org/public/english/protection/trav/aids/index.htm>  
International Labour Organization – AIDS

<http://www.iwhc.org/issues/hivaids/index.cfm>  
International Women's Health Coalition – HIV/AIDS and Women

<http://www3.niaid.nih.gov/research/topics/HIV/default.htm>  
National Institute of Allergy and Infectious Diseases – HIV/AIDS

<http://www.genderandaids.org/>  
United Nations Development Fund for Women – Gender and HIV/AIDS

<http://www.pepfar.gov/>  
The United States President's Emergency Plan for AIDS Relief

<http://www.library.ucsf.edu/collres/reflinks/aids/>  
University of California, San Francisco – AIDS/HIV Resources

<http://aidsinfo.nih.gov/other/specialityPage.aspx?pageID=14>  
U.S. Department of Health and Human Services – AIDSinfo – Women

[http://usinfo.state.gov/gi/global\\_issues/hiv\\_aids.html](http://usinfo.state.gov/gi/global_issues/hiv_aids.html)  
U.S. Department of State – International Information Programs – HIV/AIDS

<http://www.fda.gov/oashi/aids/hiv.html>  
U.S. Food and Drug Administration – HIV and AIDS

<http://www.nlm.nih.gov/medlineplus/aids.html>  
U.S. National Library of Medicine and the National Institutes of Health – Medline Plus – AIDS

[http://www.usaid.gov/our\\_work/global\\_health/aids/](http://www.usaid.gov/our_work/global_health/aids/)  
USAID – HIV/AIDS

<http://www.womenchildrenhiv.org/>  
Women, Children, and HIV

[http://www.who.int/gender/hiv\\_aids/en/](http://www.who.int/gender/hiv_aids/en/)  
World Health Organization – Women and HIV/AIDS

Note: Internet sites included in this listing, other than those of the U.S. Government, should not be construed as an endorsement of the views contained therein.

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## MUMBAI MONDAYS

**A Discussion on  
American Holidays  
led by Lynne Gadkowski**

**Monday, December 17  
American Center Auditorium**

**6:00 p.m.**

In the American holiday spirit, the December Mumbai Mondays will discuss American holidays, with a special focus on the Thanksgiving, Christmas, and Hanukkah traditions. Included in this will be some of the celebrations representative of the diversity of America's Melting Pot. This month's speaker, Lynne Gadkowski, will share specifically her own family's traditions incorporating Polish, Irish, and Cajun influences into the holiday celebrations.

**Lynne Gadkowski** joined the American Center in August 2007. Prior to her assignment in Mumbai, she was at the London School of Economics, where she completed her Master's degree. An alumna of Cornell University and the Foundation Nationale des Sciences Politiques, Paris, Lynne joined the U.S. Foreign Service in 1999 and has served in Fiji, South Africa, and at the U.S. Mission to the United Nations in New York. Lynne manages the Center's educational and cultural outreach programs, professional exchanges, and library services.

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## FILMS THIS MONTH

Friday, December 14  
Friday, December 21

*Lost in America* (1985, color, 92 mins )  
*Woman of the Year* (1942, b/w, 112 mins )

**American Center Auditorium**

**3:30 and 6:30 p.m.**



Yuppified "Search for America" comedy from cowriter/director/star Albert Brooks has Brooks and wife Julie Hagerty quitting their big city jobs and buying a motor home to "head out on the highway," only to find obstacles that make "Easy Rider's" pale in comparison. Garry Marshall costars.

One of Hollywood's most famous on- and off-screen pairings got its start in this crackerjack comedy. Spencer Tracy plays the gruff New York sports reporter who falls for international affairs writer Katharine Hepburn, but after they wed, their competing careers threaten the marriage. Reginald Owen and William Bendix costar.



# U.S. ELECTIONS 2008



## PRIMARIES AND "SUPER TUESDAY"

"Primary elections" is the term used in America for the elections which will select a presidential nominee from each of the two parties. The primary elections start in January of the election year in what is called the "primary season." A good start to the primaries is considered vital if a candidate is to become his party's presidential nominee. However, George W. Bush bucked this trend in the 2000 primary season by making a poor start but ultimately winning the Republican Party's nomination.

Since 1952, the first primary election has traditionally been in New Hampshire. It is the first real test of opinion and receives a great deal of publicity from the media. As a result, a number of other states have tried to bring forward their primaries but the biggest contender to New Hampshire in terms of importance has been the decision by 21 mostly Southern states to hold their primaries on the same day in what has become known as "Super Tuesday." Originally, this was on March 8, 1988, but is now usually held on the second Tuesday of March in the election year.

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**The American Center acknowledges the following web sites in  
compiling this essay:**

<http://www.womenshealth.gov/hiv/>  
<http://www.womenshealth.gov/hiv/gender/>  
<http://www.avert.org/women.htm>

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persons over 16, will be on a first-come, first-served basis.  
Please bring the envelope containing this issue of the bulletin  
for admission (maximum two persons). The auditorium doors  
will open 30 minutes before the start of the program.**